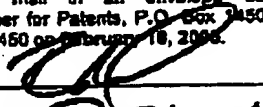
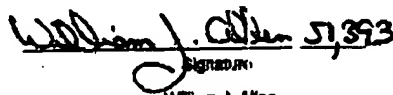


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1 TO-58231 (09-04)
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| | | | |
|--|--|---|---------------------|
| NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES | | Docket Number (Optional) 003787.87364 | |
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on February 18, 2005. | | In re Application of Dunietz, et al. | |
| Signature  | | Application No. 09/552,262 | Filed April 19 2001 |
| Typed or printed Name R. BLANK | | For Pre-Computing and Encoding Techniques for an Electronic Document to Improve Run-Time Processing | |
| | | Art Unit: 2176 | Examiner: Smith |
| Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner. | | | |
| The fee for this Notice of Appeal is (37 CFR 41.200)(1)) | | \$ 80 | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: | | \$ _ _ | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2036 is attached. | | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 19-0733. I have enclosed a duplicate copy of this sheet. | | | |
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| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2036. | | | |
| I am the | |  | |
| <input type="checkbox"/> applicant/inventor. | | Signature | |
| <input type="checkbox"/> assignee of record of the entire interest. | | William J. Allen | |
| See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/66) | | Typed or printed name | |
| <input type="checkbox"/> attorney or agent of record. | | 312-463-5100 | |
| Registration number _____ | | Telephone number | |
| <input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34. | | February 18, 2005 | |
| Registration number if acting under 37 CFR 1.34. 61,393 | | Date | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |

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